Digest

SUMMER 2008

Doral®
A DentaQuest Company

Doral Dental USA and Atlantic Dental, Inc. Join forces as Nationwide Government Dental Benefits Management Company

Doral Dental USA is pleased to announce that it has completed its acquisition of Atlantic Dental, Inc. (ADI) effective May 8, 2008.

The acquisition of Florida-based ADI, which currently serves 450,000 Medicaid and 150,000 Medicare members, strengthens Doral's position as the leading administrator of government programs in the country.

Doral now serves nearly 11 million members in 24 states and the District of Columbia. Our continued growth, a result of successes achieved in collaboration with our state and managed care partners, accomplishes strategic objectives and furthers our mission to facilitate quality dental care to the nation's neediest residents.

DENTAL DIRECTOR'S CORNER - Dr. James Thommes, Senior Dental Director

In our last newsletter, we discussed Doral's view of the preventive resin restoration as it relates to the appropriate billing of code D1351 as opposed to the use of code D2391. We appreciate your response on this issue.

As an adjunct to common billing issues, I would like to discuss the appropriate use of surface billing. We all learned in dental school that each tooth has five surfaces; mesial, distal, lingual, facial (buccal), and occlusal or incisal, depending on the tooth. We all also know that the line angles defining those surfaces are not well defined in many cases. However, we all have a pretty good idea where one surface begins and another ends.

In our Utilization Review department, we often compare procedures on a per 100 patient basis. This data shows how a particular provider's utilization of a particular code relates to the remaining providers in their geographic

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area. We will also utilize standard deviation reports, on a code by code basis, to identify potential outliers. With this information we will consider the possibility of a desk top audit.

With the surface issue in mind, we occasionally find providers who feel simply touching or heading in the direction of a surface justifies inclusion of that surface in their coding for that tooth. We feel this is an attempt just to gain additional reimbursement by upcoding to a larger restoration. We do concede that the line angles are often ill-defined, but when a dentist varies greatly from his or her peers on the same population, it is hard to accept the necessity of the additional surfaces on a vast majority of teeth treated. This issue is not one of billing for expected surfaces, such as a MO, DO or a MOD restoration, or even the OL surfaces on maxiallary molars or the OB surfaces on mandibular molars, but the more unique surface/tooth combinations. We see many cases, which give us interest, such as the billing for OBL surfaces on bicuspids and molars. While it may occur, especially on primary teeth, it is not the norm for the lingual extension to occur on mandibular molars or the buccal extension on maxillary molars. When we see the consistent billing of the OBL, OB or OL surfaces on bicuspids, we are apt to look deeper into the doctor's billing patterns.

We do accept that each patient provides the practicing dentist with many unique issues. However, when we see constant and continual use of surface/tooth combinations that do not seem within the norm, it is our responsibility to verify the appropriateness of the billing. Our findings may be benign or may result in recoupment of funds, further audits, termination from the network or turning the case over to the appropriate plan or state departments.

As always our goal is to appropriately administer authorizations and claims and verify that the money allocated for these programs is distributed appropriately. We welcome comments on our processes.

Evidence-Based Dentistry - What is it?

The American Dental Association (ADA) defines Evidence-Based Dentistry (EBD) as:

"…an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences." Three aspects-scientific evidence, clinical expertise, and patient needs and preferences are the necessary components in any clinical decision; none alone are sufficient to ensure optimal oral health outcomes. Further, it is the ADA's position that EBD is not: "cookbook" dentistry; a rigid methodological evaluation of scientific evidence that dictates what practitioners should or should not do; or a cost containment tool promulgated by third-party payers.

We support the ADA's definitions of what EBD is, and what EBD is not. Our mission is to improve the oral health of the residents in the regions we serve. EBD is one of many approaches that move us collectively toward that goal.

Evidence-Based Dentistry continued

As a service to you and your staff, we hope to share information regarding current issues in EBD and helpful resources in future issues of the Digest. As always, we welcome your questions and feedback.

For additional resources on EBD:

American Dental Association
http://www.ada.org/prof/resources/topics/evidencebased.asp

Center for Evidence-Based Dentistry
http://www.ihs.ox.ac.uk/cebd/

Center for Evidence-Based Medicine
http://www.cebm.utoronto.ca/

Eating Disorders...

No Code for Reimbursement but Our Chance to Make a Difference

Eating disorders are complex illnesses that affect adolescents with alarming frequency. As dentists, we are in prime position to identify patients with eating disorders and to encourage them to seek help from qualified professionals.

Appropriate diagnosis of an eating disorder involves (1) distinguishing erosion resulting from self-induced vomiting from that resulting from other causes; and (2) raising the issue with patients in a non-judgmental and sensitive manner, encouraging the patient to get more information and to seek help.

Dental erosion associated with repetitive vomiting often leads to thinning and chipping of the incisal edges of the incisor teeth, anterior open bite, loss of vertical dimension, compensatory overeruption of the opposing teeth, and increased thermal sensitivity. Other conditions such as gastroesophageal reflux disease, alcoholism, Sjogren's syndrome, irradiation to the head and neck, use of agents to increase saliva production, use of chewable aspirin, occupational exposure to acids, pregnancy-related morning sickness, and excessive consumption of acidic food and drink can lead to similar signs. Given the demographics (primarily adolescent females) of eating disorders, however, most of these conditions can quickly be ruled out through medical history and examination.

Discussing a possible eating disorder in a non-judgmental and sensitive manner is a crucial step in the patient's journey to a cure. When raising the issue with the patient, a private location is essential. Maintain a relaxed body position and a non-interrogative supportive demeanor. Point out the erosive condition and ask whether the patient might have an idea of what is causing the damage. Listen to the patient. Suggest possible causes of the damage. If she is forthcoming about her disease at this or subsequent visits (she may not be ready to reveal her illness immediately), she should be commended for acknowledging her problem. If she

indicates that she is not ready to seek treatment, respectfully express concern about the problem going untreated and stress the importance of seeking help from qualified professionals. Offer websites for more information, such as American Anorexia/Bulimia Association, www.aabainc.org. At subsequent visits, discuss any noted dental changes and reassess her readiness to seek treatment. Encourage her to drink water throughout the day to decrease the acid content of the mouth and recommend rinsing daily with 0.5 percent fluoride.

IMPORTANT NOTE: Almost all teenagers in the United States have access to the Internet. In addition to accessing reputable healthcare sites, harmful sites are also popular such as pro-anorexia ("Pro-ana") and pro-bulimia ("Pro-mia") websites which are devoted to the maintenance, promotion, and support of an eating disorder. The websites provide young people with ideas about how best to starve themselves or purge and how to avoid the detection of these behaviors by clinicians. These websites often promote anorexia nervosa and bulimia nervosa as a lifestyle choice and not as a disease.

Taking time to be truly concerned about adolescent patients during such a difficult time can literally save lives. The trusting relationship between patient and dentist can be a crucial step in a patient's decision to get help in curing this potentially life-threatening disease.

Sources:

"Communicating effectively with patients suspected of having bulimia nervosa" Journal of the American Dental Association, Vol. 136, No. 8, 1130-1137 Nancy Burkhart, RDH, Med; Michael Roberts, DDS, MScD; Matthew Alexander, PhD; Anne Dodds, BDS, MPH, PhD.

"Eating Disorders in Adolescents: Position Paper for the Society for Adolescent Medicine" Journal of Adolescent Health 2003, Vol. 33: 496-503.

Diagnostic Radiographs: A Key to Efficient Authorization Submission

Each of us knows the frustration of viewing inadequate radiographs. Without proper imaging, diagnosis is incomplete, inaccurate or impossible. Poor quality radiographs need to be retaken, wasting time, materials and dollars and exposing patients to unnecessary radiation. Good risk management dictates diagnostic quality radiographs as part of an acceptable patient record. The purpose of this article is to highlight guidelines for taking and submitting radiographs for benefit determination.

Use proper developing and duplication techniques.
Have standards and staff training to ensure that radiographs and duplicates are of diagnostic quality (good contrast, not overlapped or distorted). The developer and duplicator must function properly to produce radiographs that accurately represent decay and other pathology. Poor quality radiographs preclude adequate review by Doral's clinical staff.

Label and submit radiographs properly.
Label radiographs (including duplicates) with tooth numbers, date taken and the patient's name. Note RIGHT and LEFT on panoramic radiographs so benefit examiners and consultants can accurately review

the case. Supernumerary teeth and cysts may be difficult to see; please highlight nebulous areas to simplify and speed up the review process. Also, please submit the appropriate radiographs needed to review for benefit determination. Adequate staff training is essential to ensure proper submission of radiographs.

Take appropriate radiographs.
Take only the radiographs needed to adequately and completely diagnose all areas being surveyed. Periapicals and bitewings are sometimes reimbursed as a full mouth series, leading to denial (due to benefit limitations) of future radiographic benefits. For example, a panoramic film taken prematurely can preclude benefits for one taken at a more diagnostically opportune time.

Proper developing and duplication techniques, labeling and appropriate radiographs are imperative to meet patients' treatment needs in a timely, efficient manner. We do not wish to waste your staff's valuable time re-submitting authorizations because of radiographic misunderstandings. When appropriate diagnostic radiographs are submitted along with the required paperwork, we at Doral can efficiently determine medical necessity and benefits, thus enabling your patients to receive the quality care you strive to provide.

Documentation of Referrals to Specialists: An Effective Risk Management Tool

The purposes of risk management are to avoid or reduce loss of resources and to minimize the effects of loss through planning, organization and administration. Management of risk liability seeks to minimize loss through the implementation of preventive measures. A major preventive measure used to avoid loss is Adequate Record Keeping. To that end, the following briefly reviews a system of documentation to use when referring a patient to another doctor for consultation/follow-up:

- When referring, document the referral (including the date and name of the doctor referred to and the reason for the referral) in the progress notes or in an area of the chart designated for referrals.
- Continue to track and document the status of the referral in the patient's chart, noting whether the patient has acted on the referral (sees the doctor) or has refused to do so.
- If the patient has acted on the referral, document/file all communications from the referred doctor in consecutive order in a designated section of the chart.
- If the patient has not acted on the referral, document your continued emphasis on the importance of seeing the recommended doctor and the patient's response to such.

Referrals to specialists are a normal part of the process to manage patient treatment. Following the risk management principle of Adequate Record Keeping helps to avoid loss while improving quality of care. Patients needing to be treated by a specialist may call the customer service number on their ID card for assistance.

Electronic Authorizations and Claims

Participating Providers may submit claims and/or authorizations directly to Doral by utilizing the "Providers" section of our website. Submitting claims and authorizations via the website is very quick and easy. It is especially easy if you have already accessed the site to check a Member's eligibility prior to providing the service.

To submit claims or authorizations via the website, simply log on to www.doralusa.com. Once you have entered the website, click on "Providers", and then click on "Provider Web Portal (PWP)". First time users will need to click on "Not a Registered User" to register and create a login, by utilizing their Doral 6 digit Location ID. You will then be able to log in using your password and ID. Once logged in, select "Enter Dental Claims" or "Enter Dental Authorizations" from the menu. After you enter the date of service, select the provider and the place of service form the list. Proceed to enter the Member's applicable information in the fields provided. It is NOT necessary to enter the Member's last name and/or first initial; only the identification number and the date of birth. Next, click on "Verify Member Eligibility" that appears below the Member's DOB field to verify eligibility and populate the name fields automatically. Once this information is generated, you may now begin to enter the claim or authorization line detail to complete the submission.

If you have questions on submitting claims, authorizations or accessing the website, please contact Customer Service and select option 7. If you wish to send an email, please click on the "Contact Us" section on www.doralusa.com and select "Provider Email Page".

Medical Necessity

Medicaid only pays for services it considers to be medically necessary for diagnosing and treating a dental condition. What a dental professional considers medically necessary from a clinical perspective may not match what Medicaid considers medically nec essary from a reimbursement perspective, and the dentist needs to be aware of the difference. The fact that a dentist prescribes treatment does not make it a compensable benefit under Medicaid. An example of this would be requesting to place a porcelain veneer on a discolored or poorly positioned anterior tooth that has no history of significant fracture or root canal.

To prove medical necessity for any dental service, whether required for prior authorization or for retrospective/ prepayment review, the following documentation should be available and present in the patient record:

1. Diagnostic dental x-rays should be labeled right or left and the date x-rays were taken (including duplicates).

2. Patient complaints, symptoms, clinical observations, assessments, and x-ray findings should be documented in the patient's record.

3. The dental professional signature or initials should accompany all patient treatment note entries.

4. All referrals should include the name of the referred provider, date, reason

for the referral, and the referring dentist's name.

5. All treatment provided must be written legibly in the patient record. If it is not legible, it may not be compensable by Doral. Bill for services actually provided. Also, space maintainers, crowns, dentures, and bridges should be billed on the day they are delivered not the date the impression was taken. If billed services do not have adequate support documentation, Doral will recover payment from a future remittance.

Complete documentation in the patient record should be part of good risk management program to ensure appropriate and continuation of care. General Rule: Document. Document. Document.

The Payer of Last Resort

Occasionally offices will encounter a situation in which a member has additional insurance coverage. The reasons for this can vary widely. As a contracted provider with the Medicaid program there are some key policies that you need to be aware of. If a member has benefits under another insurance policy, Medicaid is the "Payer of Last Resort" and the other insurance the primary carrier.

What this means is that any other insurance must be billed prior to Medicaid. If the amount paid by the primary insurance is equal to or more than the rates allowed by Medicaid, no additional payment will be made by Doral.

If you think Medicaid will pay an amount over the primary insurance payment you can send a claim to Doral for consideration once payment is received from the primary insurance. A copy of the primary insurance explanation of benefits must be attached to the claim. Doral will review the claim and consider whether additional payment is due.

If you have additional questions about how to coordinate benefits for multiple insurances, please contact Doral Provider Relations Department @ 800.341.8478.

Annual Documents

To receive a copy of the 2008 QI and UM annual documents, please contact us at 800.341.8478.

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CONTACT INFORMATION

Doral Customer Service

800.341.8478

- Press 1 for Automated Eligibility (via IVR System)
- Press 2 for Benefits, Eligibility, and History
- Press 3 for Claims and Payment Questions
- Press 7 for Provider Web Questions

Via Email

Electronic Technical Support • eclaims@doralusa.com
Claims Payment Questions • denclaims@doralusa.com
Eligibility or Benefit Question • denelig.benefits@doralusa.com
Utilization Review • ddusa_um@doralusa.com

Provider Access to Web Portal & Other Features

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